



Docket No.: S4264.0000/P001  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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In re Patent Application of:

Charles B. Simone

Confirmation No.: 8170

Application No.: 08/605,628

Art Unit: 3626

Filed: February 22, 1996

Examiner: R. Porter

For: METHOD AND APPARATUS FOR  
LIFESTYLE RISK EVALUATION AND  
INSURABILITY DETERMINATION

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**AMENDMENT AND RESPONSE TO FINAL OFFICE ACTION**

U.S. Patent and Trademark Office  
220 20th Street S.  
Customer Window, Mail Stop Amendment  
Crystal Plaza Two, Lobby, Room 1B03  
Arlington, VA 22202

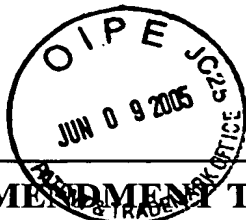
Dear Sir:

**INTRODUCTORY COMMENTS**

In response to the Office Action dated February 9, 2005, please reconsider the above-identified U.S. patent application in view of the following proposed amendments and remarks:

**Amendments to the claims** begin on page 2 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.



<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. S4264.0000/P001		
Application No. 08/605,628-Conf. #8170	Filing Date February 22, 1996	Examiner R. Porter	Art Unit 3626		
Applicant(s): Charles B. Simone					
Invention: METHOD AND APPARATUS FOR LIFESTYLE RISK EVALUATION AND INSURABILITY DETERMINATION					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	7	- 20 =		x	
<b>Independent Claims</b>	2	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input type="checkbox"/> Large Entity <span style="float: right;"><input checked="" type="checkbox"/> Small Entity</span>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1073</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
_____ Jon D. Grossman Attorney Reg. No.: 32,699  DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 2101 L Street NW Washington, DC 20037-1526 (202) 828-2279					Dated: <u>June 9, 2005</u>